DEPENDENT VERIFICATION FAQ’S

WHY AM I REQUIRED TO SUBMIT DOCUMENTATION THIS YEAR?

Per IRS regulations and our Plan Documents, only legally eligible dependents can be covered. Therefore, as a fiduciary responsibility, we are required to confirm that your enrolled dependents meet the definition of a legal dependent.

WHO IS A LEGAL DEPENDENT?

- Your legally recognized spouse
- Your natural child
- Your legally adopted child
- Your stepchild who resides with you
- A child required to be covered pursuant to a Qualified Medical Child Support Order
- A child with proof of legal guardianship who resides with you
- A foster child
- A child is a dependent until the end of the calendar year in which the age of 26 is attained or is over 26 years of age and is no longer continuously incapable of self-support because of a Disability.

WHAT DOCUMENTS ARE VALID- originals are not required, copies are okay

- Last year’s tax return showing “married filing jointly” with spouse name (black out wage info prior to submitting)
- Birth Certificate- your name must be listed to prove relationship
- Court document showing dependent status
- Adoption paperwork
- Court order showing you’re requirement to maintain health insurance
- Marriage Certificate
HOW DO I SUBMIT MY DOCUMENTS

Originals are not required, just scan the documents and attach them to your benefit profile

You can also drop copies off at the HR Office, but for confidentiality reasons we ask that you DO NOT EMAIL them to us

How to Upload: (See the PowerPoint presentation on HR’s website for screen shots)

   Step 1: Log into your account through http://icubabenefits.org
   Step 2: Select Upload Documents in the My Profile Section
   Step 3: Select they Type of Document and enter document into
   Step 4: Select “choose file”, browse and attach the document. Then select “save.” Repeat this process for each dependent you are certifying.

WHAT HAPPENS IF I DON’T SUBMIT ANYTHING OR MY DEPENDENT IS NOT LEGALLY RECOGNIZED?

Dependents that are “not eligible” on the ICUBA plan should be removed during Open Enrollment (coverage will terminate March 31, 2016)

You will be asked to certify them during open enrollment with this statement:

“I certify all dependents for which I elected coverage are eligible for coverage. I understand that if there is any misrepresentation in the information I have provided, the ICUBA Plan may end my ineligible dependent’s coverage and may seek any other legal remedies available. I also understand that if any of my enrolled dependents obtain a health care benefit of which we are not entitled to receive, knowingly or unknowingly, I can be liable for the full amount of the health care benefit or payment made and for reasonable attorney’s fees and costs, including the cost of investigation. I further agree to notify the ICUBA Health Plan within 30 days of any changes in dependent status and make appropriate updates to my coverages as applicable.”
DOMESTIC PARTNERS

Procedure

Employees seeking benefits for a same-sex or opposite-sex domestic partner or same-sex or opposite-sex dependent children must hold a benefit eligible appointment and meet and adhere to the criteria and other requirements as defined in the Affidavit of Domestic Partnership of the Independent Colleges and Universities Benefits Association, Inc. (ICUBA), to include certifying them:

1. Are each other’s sole Domestic Partner with the intention to remain so indefinitely? Neither one is legally married to someone else.
2. Are in a relationship of mutual support caring and commitment which each consider being the functional equivalent of marriage with joint responsibility for common welfare and living expenses.
3. Are not in a relationship solely for the purpose of benefit coverage.
4. Are not related by blood.
5. Are both at least eighteen (18) years of age or older and mentally competent to consent to contract.
6. Have resided together for at least twelve (12) months and intend to reside together indefinitely.
7. Consent to the domestic partnership and said consent has not been obtained by force, duress, or fraud.

Dependent children of domestic partners shall be eligible for coverage if they:

1. Are unmarried.
2. Are primarily dependent on the employee for support.
3. Are living with the employee in a regular parent-child relationship.
4. Meet the age/school requirements of the applicable benefit plan or policy.

1. Enrolling a Domestic Partner

When an employee wishes to obtain benefits for his/her same-sex Domestic Partner or dependent children thereof, the employee and his/her domestic partner must complete and sign the ICUBA Affidavit of Domestic Partnership with at least three of the following documents:
a. Proof of a common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in real property
b. Proof of common ownership of a motor vehicle
c. Proof of a joint bank account or credit account
d. Beneficiary designation form for a retirement plan or life insurance policy signed and completed to the effect that one domestic partner is the official beneficiary of the other
e. Will which designates the other as a primary beneficiary. Durable power of attorney or health care power of attorney which appoints the other as agent

Once signed and submitted, the employee will follow the established benefit enrollment procedures already in place.